

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>gh</i>	<i>59</i>	<i>1/4/02</i>
O.I.P.E. CLASSIFIER			<i>1/300</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>LH</i>	<i>60105</i>	<i>2-5-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/8/02
2	✓	✓	7/12/02
3	✓	✓	2/7/02
4	✓	✓	7/10/02
5	✓	✓	12/5/02
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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11	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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